



# RULE 1194 FUNDING DISBURSEMENT FORM

## Section I - General Information (Name and Address of Taxicab Operator or Organization)

Date \_\_\_\_\_  
 Name of Taxicab Operator: \_\_\_\_\_

Address of Taxicab Operator \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Type of Taxis Requested/Medallion #	Total Cost of Taxi	Incentives Deducted	AQMD Funding	Operator Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Section II - Name and Address of Auto Dealership

Name of Auto Dealership To Whom Payment is to be Made: \_\_\_\_\_

Address of Dealership \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Approved By: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 Source of Funds: \_\_\_\_\_

Vehicle Vin # \_\_\_\_\_  
 Dealer Stock # \_\_\_\_\_

## Section III - Other Pertinent Information (Check each box below that applies and list information)

- Balance of vehicle funding from operator received
- Proof of Insurance naming AQMD
- Fueling Card available
- Insurance Co. \_\_\_\_\_
- California Drivers license, # \_\_\_\_\_
- Affiliate Association \_\_\_\_\_

**THIS FORM MUST BE SIGNED BY THE RESPONSIBLE INDIVIDUAL WHO HAS CHECKED THE ABOVE INFORMATION AND RECEIVED APPROVAL IN WRITING FROM AQMD TO AUTHORIZE FUNDING UNDER THE REQUIREMENTS OF RULE 1194.**

SIGNATURE OF CONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_